

014 1/23

95-00896

REQUEST FOR PATENT FEE REFUND

1 Date of Request: 9 Jan 95 2 Serial/Patent # 08-307621

3 Please refund the following fee(s):

4 PAPER
NUMBER

5 DATE
FILED

6 AMOUNT



Filing

11/11/94

\$ 600

Amendment

\$

Extension of Time

\$

Notice of Appeal/Appeal

\$

Petition

\$

Issue

\$

Cert of Correction/Terminal Disc.

\$

Maintenance

\$

Assignment

\$

Other

\$

7 TOTAL AMOUNT
OF REFUND

\$ 600

8 TO BE REFUNDED BY:



Treasury Check

Credit Deposit A/C #:

9

		--			
--	--	----	--	--	--

10 REASON:



Overpayment

Duplicate Payment

No Fee Due (Explanation):

EPO Search

11 REFUND REQUESTED BY::

TYPED/PRINTED NAME:

Eless D. Reed
Paralegal Specialist

TITLE:

SIGNATURE:

Eless D. Reed

PHONE:

305-3659

OFFICE:

PCT/DO/EO

THIS SPACE RESERVED FOR FINANCE USE ONLY:

APPROVED:

DATE:

CANCELLED

CANCELLED

1/14/95

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B